| CLAIMS ONLY | | | | | | Application Number | | Filing Date | |

<table>
<tr><td colspan="7">CLAIMS ONLY</td><td colspan="2">Application Number</td><td>Filing Date</td></tr>
</table>

CLAIMS ONLY

Application Number | Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/						51						
2		/					52						
3		/					53						
4							54						
5							55						
6		/					56						
7							57						
8							58						
9							59						
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12							62						
13	/						63						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						